



North Carolina Department of Health and Human Services Division of Aging and Adult Services

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Michael F. Easley, Governor
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Dennis W. Streets, Director
919-733-3983

October 23, 2006

Dear County Director of Social Services:

Attention: Adult Services Supervisors and Program Managers

Subject: Quality Improvement Consultation Pilot Program for Adult Care Homes

We are pleased to announce the pilot phase of the Quality Improvement Consultation Program for Adult Care Homes. As you know, Session Law 2005-276, directs the Division of Aging and Adult Services to conduct a pilot of the Quality Improvement Program in up to four county departments of social services. The pilot will begin on April 2, 2007. It is scheduled to run for ten months with completion on February 29, 2008. The quality improvement topic for the pilot is medication safety. *The Quality Improvement Program for Medication Safety* has been developed based on extensive input from the Quality Improvement Program Stakeholder Task Force. The overall focus of the Quality Improvement Program is better care and quality of life in a safe environment for residents, emphasizing dignity, choice, and independence to increase resident satisfaction; dissemination of best practices to improve care; and use of standardized instruments to assess and measure adult care home performance and resident outcomes. *The Quality Improvement Program for Medication Safety* has been developed utilizing this framework.

With the pilot scheduled to begin in April 2007, we are ready to accept applications from county departments of social services to participate in the pilot. Attached to this letter are several documents for your review: 1) Application to request county participation in the Quality Improvement Program pilot; 2) Policies and Procedures for the pilot; and 3) Information to share with adult and family care homes to inform them about the pilot. The deadline to submit an application to participate in the pilot is Friday, December 15, 2006. The Division of Aging and Adult Services will notify the counties selected for the pilot by Friday, January 12, 2007. **Please note there is no funding for counties participating in the pilot.**

The pilot will include the county department of social services in each county and a sample of adult and family care homes within the chosen counties. Ideally, the participating counties should be able to recruit 6-10 adult care and family care homes for the pilot. Consideration will be given if a county is unable to recruit that number of homes. Additional provider recruitment materials are being developed and will be sent to you in November to share with adult and family care homes.

The training curriculum for *The Quality Improvement Program for Medication Safety* is currently being developed. Staff in county departments of social services and adult care and family care homes participating in the pilot are required to attend an orientation session in March 2007, as well as other training sessions scheduled over the course of the pilot. In addition, the Quality Improvement Consultant(s) in participating counties are required to assist the Division of Aging and Adult Services with additional orientation sessions for participating homes.

Dear County Director of Social Services

Re: Quality Improvement Consultation Pilot Program for Adult Care Homes

Page 2

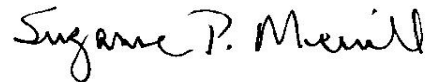
October 23, 2006

A Quality Improvement Program website is under development for use during the pilot. The website will be used to collect data and track pilot activities. The website will also include frequently asked questions, an e-mail discussion group to share information, and the quality improvement tools and materials for use by participating counties and homes. In addition to the website, there will be pen and paper quality improvement tools and materials available for use during the pilot.

You have already received the September 25, 2006, dear director letter announcing five regional information sessions on the Quality Improvement Consultation Program for Adult Care Homes. The sessions are scheduled for late October and early November. They will be conducted by Emily Saunders from our Division and staff from The Carolinas Center for Medical Excellence. During these sessions more detailed information about *The Quality Improvement Program for Medication Safety* and the pilot will be shared. We hope you can attend one of the information sessions. Space is still available at each site, but we do ask that you complete the registration form, if you plan to attend.

We hope you will find the enclosed materials helpful as you consider participation in the pilot. If you have questions about the Quality Improvement Consultation Program, please contact Emily Saunders, Quality Improvement Program Manager at 919.733.3818 or at Emily.Saunders@ncmail.net or your Adult Programs Representative.

Sincerely,

A handwritten signature in black ink that reads "Suzanne P. Merrill". The signature is written in a cursive, flowing style.

Suzanne P. Merrill, Chief
Adult Services Section

SPM/es

AFS-20-2006

Attachments



QUALITY IMPROVEMENT CONSULTATION PILOT PROGRAM POLICIES AND PROCEDURES

Statutory Authority

The Department of Health and Human Services' Division of Aging and Adult Services is responsible for the development and implementation of a Quality Improvement Consultation (QIC) Program for adult care homes and family care homes. The purpose of the Program is to promote better care and improve quality of life in a safe environment for residents in these homes. The Division of Aging and Adult Services is to involve adult care and family care home providers, county departments of social services, consumer advocates, and other interested stakeholders in the development of the QIC Program and is to conduct a pilot of the QIC Program as mandated by Session Law 2005-276, Section 10.40A. (p).

Policies and Procedures

Overview

The QIC Program is to be implemented by county departments of social services (DSS) through consultation and technical assistance with adult care providers. During the pilot QIC Program, the county department of social services' Quality Improvement Consultant shares responsibility with the adult care or family care home provider to complete a medication safety self-assessment of the home's current practices. The self-assessment is in the areas of medication administration, medication practices and techniques during medication administration, and the home's system of medication management. The self-assessment also includes a resident survey of medication administration and medication management practices within the home.

At the completion of the self-assessment, the adult care or family care home provider and the Quality Improvement Consultant will evaluate the findings and develop a Quality Improvement Plan. The Plan will identify resources, best practices to improve quality in identified areas, staff responsible for implementing changes and a target date for the area of improvement to be achieved.

Division of Aging and Adult Services Responsibilities for Implementing the Quality Improvement Consultation Pilot Program

1. The Division of Aging and Adult Services (DAAS) is responsible for orientation, training, and consultation needed to equip the Quality Improvement Consultant to implement the Medication Safety Pilot Program developed by DAAS and the Carolinas Center for Medical Excellence (CCME).

Orientation

- a. DAAS and CCME staff are responsible for orientation and training of the designated Quality Improvement Consultant(s) staff. The orientation will be two-three days in Raleigh or a regional location. This will include sessions on consultation, data gathering and input of data into the measuring tools provided on the web site.
- b. DAAS and the Quality Improvement Consultant(s) are responsible for providing orientation for participating adult care and family care homes in each of the pilot counties.

Ongoing Training and Consultation

- a. There will be two-three training/informational sessions during the 10 months of the pilot program at the participating DSS and/or in the participating adult care and family care homes. These sessions will be provided by DAAS and CCME (as available). The training/informational sessions will be approximately three-four hours in length.
 - b. DAAS staff will provide consultation and technical assistance via e mail, telephone or on site as needed to the Quality Improvement Consultant(s).
2. Encourage all participating homes and Quality Improvement Consultants to have collaborative informal opportunities for information sharing and peer support session(s) during the Pilot Program at the local level in addition to DAAS and CCME formal training.
 3. Marketing Activities/Plaque/Certificate

DAAS will issue participating adult care and family care homes press releases and other marketing information as well as a plaque/certificate to post in the home for all staff, residents and families to know the home is actively participating in a Medication Safety Pilot Program.

County Department of Social Services Responsibilities for Implementing the Quality Improvement Consultation Pilot Program

1. The Quality Improvement Consultant is responsible for consultation and technical assistance to adult care and family care home providers to implement the Medication Safety Pilot Program and to address the areas identified on the Quality Improvement Plan.
2. As a member of the home's quality improvement committee, the Quality Improvement Consultant will keep confidential the materials produced and the materials evaluated by the committee according to General Statute 131D-21.2, Quality Assurance, Medical, or Peer Review Committee. The only exceptions to the above confidentiality of findings from the quality improvement committee are the responsibility for reporting abuse, neglect, or exploitation of disabled adults.

Reference: General Statute 108A, Article 6. Any person having reasonable cause to believe that a disabled adult is in need of protective services shall report such information to the director of social services in the county in which the adult resides or is present. In addition, the Quality Improvement Consultant will report immediately to the Adult Homes Specialist incidents of death, risk of death and serious physical harm uncovered during the on site provision of QI activities.

3. County departments of social services participating in the Pilot Program must have adequate staff position(s) available to provide consultation in 6-10 adult care and family care homes in the county based on the schedule of on-site visits and consultation below. (Consideration will be given for a smaller number of homes for participation, especially if the county has few adult care and family care homes.)

NOTE: For the purpose of maintaining confidentiality, the Quality Improvement Consultant for a participating adult care or family care home will not serve as the Adult Homes Specialist for that home.

4. The Quality Improvement Consultant shares responsibility with the adult care or family care home to conduct the initial assessments. These assessments focus on the current medication safety in the home and quality of life for the residents. The assessments includes observations of multiple staff during several scheduled medication passes, reconciliation of medications and prescribing practitioner's orders, including omitted doses of medications; an assessment of medication management, including systems for safe delivery of medication in the home; and resident surveys of current medication delivery and management. From the initial assessments, the Quality Improvement Consultant and the adult care or the family care home jointly develop the Quality Improvement Plan
5. At the completion of the 10 month Pilot Program, the Quality Improvement Consultant and the home complete final assessments, including a medication administration pass, a review of medication management systems and a resident survey about medication management in the home to determine whether the Medication Safety Pilot Program has resulted in improved care and better quality of life for the residents.
6. The Quality Improvement Consultant provides consultation and technical assistance to each participating adult care home or family care home at least 2 to 4 visits each month lasting 1 to 3 hours per visit to allow the maximum flexibility to accommodate the needs of a home. The adult care home or family care home staff and the Quality Improvement Consultant will negotiate the time and the day. There will be data entry required to complete measurement tools at the completion of the initial assessments, monthly progress data and the final assessments.
7. During the Pilot Program, there may need to be additional medication safety tools completed in the home. The Quality Improvement Consultant and the adult care

or family cares home are to evaluate the changes made based on the Quality Improvement Plan to determine the need for additional uses of the medication safety tools.

8. The Quality Improvement Consultant assists with orientation sessions for adult care and family care home providers and participates in ongoing training sessions conducted by DAAS and/or CCME with the participating homes. The day and time will be negotiated with all parties.
9. Quality Improvement Consultant and all participating homes have collaborative informal opportunities for information sharing and peer support session(s) at the local level during the Pilot Program in addition to DAAS and CCME formal training.

Adult Care and Family Care Home Responsibilities for Participation in the Quality Improvement Consultation Pilot Program

1. Participating adult care and family care home providers implement the Medication Safety Pilot Program in collaboration with the Quality Improvement Consultant. The Quality Improvement Consultant is responsible for consultation and technical assistance to adult care and family care home providers to implement the Program and to address the areas identified on the Quality Improvement Plan.
2. The home is to establish a quality assurance or peer review committee, if there is not one in place. The Quality Improvement Consultant becomes a member of this committee during the 10 month Pilot Program. The members of the home's quality improvement committee will keep confidential the materials produced and the materials evaluated by the committee according to General Statue 131D-21.2, Quality Assurance, Medical, or Peer Review Committee. The only exception to the above confidentiality of findings from the quality improvement committee is the responsibility of reporting abuse, neglect, or exploitation of disabled adults. Reference: General Statue 108A, Article 6. Any person having reasonable cause to believe that a disabled adult is in need of protective services shall report such information to the director of social services in the county in which the adult resides or is present.
3. The home must commit adequate staff to work with the Quality Improvement Consultant to implement all activities in the Medication Safety Pilot Program.
4. The adult care or family care home shares responsibility with the Quality Improvement Consultant to conduct the initial assessments. These assessments focus on the current medication safety in the home and quality of life for the residents. The assessments includes observations of multiple staff during several scheduled medication passes, reconciliation of medications and prescribing practitioner's orders, including omitted doses of medications; an assessment of medication management, including systems for safe delivery of medication in the

- home; and resident surveys of current medication delivery and management. From the initial assessments, the adult care or the family care home and the Quality Improvement Consultant jointly develop the Quality Improvement Plan.
5. At the completion of the 10 month Pilot Program, the home and the Quality Improvement Consultant share responsibility to complete final assessments, including a medication administration pass, a review of medication management systems and a resident survey about medication management in the home to determine whether the Medication Safety Pilot Program has resulted in improved care and better quality of life for the residents.
 6. The home's designated staff is to be available to work with the Quality Improvement Consultant on the Quality Improvement Plan during the 2 to 4 visits each month lasting 1 to 3 hours per visit allowing the maximum flexibility to accommodate the needs of the home. The adult care home or family care home staff and the Quality Improvement Consultant will negotiate the time and day.
 7. During the Pilot Program, there may need to be additional medication safety tools completed in the home. The adult care or family cares home and the Quality Improvement Consultant are to evaluate the changes made based on the Quality Improvement Plan to determine the need for additional uses of the medication safety tools.
 8. The adult care or family care home participates in orientation and ongoing training sessions conducted by DAAS and CCME along with the Quality Improvement Consultant. The day and time will be negotiated with all parties.
 9. All participating homes and the Quality Improvement Consultant have collaborative informal opportunities for information sharing and peer support session(s) at the local level during the Pilot Program in addition to DAAS and CCME formal training.

Role of the County Department of Social Services Adult Homes Specialist

1. The Adult Homes Specialist (AHS) continues to provide routine monitoring of the participating adult care or family care homes in the Pilot Program in accordance with current policies and procedures, except in the area of medication rules and regulations. The AHS will continue to issue Monitoring Reports and/or Corrective Action Reports and recommend any negative licensure action based on monitoring of all other rules and regulations applicable to both adult care and family care homes.
2. The exception will be if the AHS receives a complaint in the rule area of medication management through the Division of Facility Services (DFS), Complaint Intake Unit or a complaint to the local DSS. All complaints in any rule area, including medication management are thoroughly investigated based on 131D Statutes and Associated Laws Governing Adult Care Homes and Rules 10A

NCAC 13G Family Care Homes and Rules 10A NCAC 13F for Adult Care Homes of Seven or More Beds.

Role of the Division of Facility Services (DFS), Adult Care Licensure Section

1. The DFS, Adult Care Licensure Section, will continue to survey participating homes in the pilot counties according to the State mandate to complete annual inspections of care and services in each home. If the home is participating in the Pilot Program and has developed and implemented a Quality Improvement Plan to improve Medication Safety in the home, DFS will not complete a medication pass, review medication storage and may not review all medications for sampled residents in the annual survey. Survey of other related rule areas, for example: Licensed Health Professional Support, Health Care, Qualifications of Medication Staff may result in a review of medications during the annual survey. For example, lab work, changes in the resident's condition, elevated blood glucose levels, etc., may involve looking at certain medications.
2. The exception will be if DFS assistance is requested for a complainant investigation in the area of medication management. The complaint may be through DFS, Complaint Intake Unit or made to the local DSS. All complaints in any rule area, including medication management, are thoroughly investigated based on 131D Statutes and Associated Laws Governing Adult Care Homes and Rules 10A NCAC 13G Family Care Homes and Rules 10A NCAC 13F for Adult Care Homes of Seven or More Beds.
3. DFS will continue to issue a Statement of Deficiencies and/or recommend any negative licensure actions based on the survey in the home. If negative licensure actions, suspension of admissions, provisional license or revocation of licensure are identified or requested by the county DSS, the DFS follow-up survey to the negative licensure action would review all rule areas, including medication rules, to determine compliance.

What Happens When Quality Improvement Activities Are Not Implemented

1. Participation by an adult care or family care home is voluntary during the Pilot Program. If an adult care or family care home volunteers to participate in the Pilot Program, but prior to beginning the initial self assessment activities in the Medication Safety Pilot Program, elects not to participate, the home is to notify the Quality Improvement Consultant and DAAS. DAAS will notify DFS that the home is no longer participating in the Pilot Program.
2. At any point in the pilot, if it appears the adult care or family care home is unable to continue to implement the Medication Safety Pilot Program, the Quality Improvement Consultant will meet with the home's administrator to identify barriers to continuing the Program. A letter to the administrator summarizing that meeting and any decisions made should be mailed within 10 days of the meeting.

3. At the end of 30 days from the completion of the initial self assessments, if the adult care or family care home is unable to continue implementation of quality improvement activities, the Quality Improvement Consultant is to meet with the home's administrator to identify barriers to continuing the Pilot Program. A letter to the administrator summarizing that meeting and any decisions made should be mailed within 10 days of the meeting.
4. At the end of 60 days, if no progress has occurred with implementation of quality improvement activities, the Quality Improvement Consultant is to schedule a second meeting with the home's administrator to identify ongoing barriers to continuing the Pilot Program. A letter to the administrator summarizing that meeting and any decisions made should be mailed within 10 days of the meeting.
5. At the end of 90 days, if no progress has occurred with implementation of quality improvement activities, the Quality Improvement Consultant is to notify the home's administrator by letter. DAAS is to be copied on the letter. A final decision will be made at that time regarding the home's ability to continue in the Pilot Program. If the home does not continue in the Pilot Program, the AHS and DFS will resume normal activities regarding all medication rules and regulations.



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Date: October 2006

Quality Improvement Consultation Program

Informational Material for Adult Care and Family Care Providers

During late 2005, the North Carolina General Assembly ratified Session Law 2005-276, Section 10.40A.(p), which mandated the Department of Health and Human Services, Division of Aging and Adult Services to develop a Quality Improvement Consultation Program for adult care and family care homes to be implemented by county departments of social services. The law required the Division of Aging and Adult Services to convene a stakeholder task force made up of entities and organizations interested in adult care homes in North Carolina. The stakeholder task force includes representatives from adult care home providers, county departments of social services, consumer advocates, and other interested parties. After careful thought and deliberation by the stakeholder task force, a quality improvement consultation program topic, Medication Safety, has been chosen as the first project for development.

Medication management consists of several complex processes, including prescribing, transcribing, dispensing, storing, administering, and documenting. Errors can occur in any of these processes. Improving the safety of medication management is an important part of avoiding the harmful consequences that can result from improper use of medications. Deficiencies cited from October 2005 through March 2006 by the Division of Facility Services, Adult Care Licensure Section, revealed approximately 20% were in the rule areas of medication management.

The Carolinas Center for Medical Excellence, in collaboration with Emily Saunders, RN, Quality Improvement Program Manager with the Division of Aging and Adult Services, is developing a quality improvement program for Medication Safety based upon ideas and input from the stakeholder task force. The focus of this quality improvement project is better care and quality of life in a safe environment for residents in adult care and family care homes; providing dignity, choice, and independence to increase resident satisfaction; disseminating best practices to improve care; and using standardized instruments to assess and measure adult care home performance and resident outcomes. The stakeholder task force is continuing to meet this fall to provide input into the development of the Medication Safety Program.

As required by Session law 2005-276, the Division of Aging and Adult Services will conduct a pilot of the Quality Improvement Program: Medication Safety in four counties for 10 months beginning April 2, 2007 and ending February 29, 2008. The pilot will include the county department of social services in each county and a sample of adult and family care homes within the chosen counties. At the conclusion of the pilot program, the Division of Aging and Adult Services will make recommendations to the Secretary of the Department of Health and Human Services and appropriate committees within the General Assembly regarding the effectiveness of the Quality Improvement Program. If the Division recommends expansion of the pilot to other counties or statewide implementation of the Quality Improvement Program, the report will include the cost, necessary staffing and other resources, and a timetable for implementation. It will also identify any statutory and administrative rule changes which may be needed.

The demand for safe and quality care in adult care and family care homes is increasing. The Quality Improvement Program creates an opportunity for county departments of social services, residents and their families, and adult care providers to promote better care and improve quality of life in a safe environment.

The Division of Aging and Adult Services looks forward to sharing more information in the near future about this important Program. In the meantime, if you need additional information please contact Emily Saunders in the Division of Aging and Adult Services. Emily is the Quality Improvement Program Manager and can be reached at 919-733-3818 or e-mail at Emily.Saunders@ncmail.net.